MANCHESTER HEALTH DEPARTMENT 1528 Elm St.

Manchester, NH 03101 Tel: (603) 624-6466 Fax: (603) 624-6584

SPA AND HOT TUB INSPECTION FORM

Facility Name:		License Number:	
Address:			
Manager:		Spa Capacity:	
Date Inspected:Inspected By	/:	_	
"X" in "NO" Column indicates a violation			
WATER QUALITY	YES NO	REMARKS	
 * Chlorine / Bromine residual (2.0 -5.0 ppm) * pH (7.0 - 7.8) * ClarityDeepest part visible * Water temperature not above 104° F Total alkalinity (80-120) su 	ggested		
SAFETY STANDARDS			
 Unsupervised access by children prohibited No hazards observed Safety signs / literature posted Emergency phone numbers posted First aid kit available 			
CONSTRUCTION AND MAINTENANCE			
Spa dimensions Gallons_ Spa or tub surfaces smooth and cleanable Suitable drain covers * Recirculation system properly working - Flow meter present and working - 30 minute turnover through filters - Filter / filtration acceptable * Chlorination / Bromination properly working Hair strainer present and used * Free of cross connections Proper testing equipment available Suitable daily records kept			
AREA SANITATION			
Bathing area clean Separate toilet facilities provided Toilet facilities clean & maintained Shower facilities provided and maintained Waste receptacles provided			
*NOTICE: This inspection found a violation of s This violation must be corrected within citation (ticket).			
FACILITY MANAGER	ENVIRONM	ENTAL HEALTH SPECIALIST	